ept. Health,
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V. S. 300
Rev. 1-57

FILED VS MAR 1 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-007301
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mercer — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Mercer 0650 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Own Home 90 — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Jesse Middle Fredrick Last Lemon

4. DATE OF DEATH: Month Febr. Day 18 Year 1960

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: Nov. 22, 1879

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (City and state or country): Ken. /

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Jerimal Lemon

13b. MOTHER'S MAIDEN NAME: Mary Jane Lovelace

14. NAME OF HUSBAND OR WIFE: Della Lemon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Vere Lemon — Address: Lineville, Iowa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated Hypertensive Heart Disease 443XF — years
DUE TO (c) Advanced Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of the left hip (fracture of greater trochanter) — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Slipped on ice on streets of Mercer, Missouri.

20c. TIME OF INJURY: Hour 9:30 a.m. p.m. — Month, Day, Year 11/13/59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

20f. CITY, TOWN, OR LOCATION: Mercer, Missouri — COUNTY: Mercer — STATE: Mo.

21. I attended the deceased from 11/30/59, to 2/18/60 and last saw him alive on 2/17/60
Death occurred at 4:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo F Davison MD. (Degree or title) 2

22b. ADDRESS: Box 98 Mercer, Missouri

22c. DATE SIGNED: 2/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Febr. 20, 1960

23c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

23d. LOCATION (City, town, or county) (State): Lineville Iowa

24. FUNERAL DIRECTOR: [signature] — ADDRESS: Lineville Iowa

25. DATE RECD. BY LOCAL REG.: 2-25-60

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ernest L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Lincoln, Ala.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.